

SERFF Tracking Number: AMCM-126319207 State: Arkansas
 Filing Company: American Community Mutual Insurance Company State Tracking Number: 43704
 Company Tracking Number: AR-HEARAID-PCS-PROS-ORTH
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: Ind. Riders-Prostate, Hearing Aid, Prosthetic & Orthotics
 Project Name/Number: /

Filing at a Glance

Company: American Community Mutual Insurance Company

Product Name: Ind. Riders-Prostate, Hearing Aid, Prosthetic & Orthotics SERFF Tr Num: AMCM-126319207 State: Arkansas

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved-Closed State Tr Num: 43704

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO) Co Tr Num: AR-HEARAID-PCS-PROS-ORTH State Status: Approved-Closed

Filing Type: Form

Author: Pat Robbins

Date Submitted: 10/07/2009

Reviewer(s): Rosalind Minor

Disposition Date: 10/14/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from filing in Michigan

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/14/2009

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/14/2009

Deemer Date:

Submitted By: Pat Robbins

Filing Description:

Created By: Pat Robbins

Corresponding Filing Tracking Number:

RE: AR-HEARINGAID-AR, Hearing Aid Amendment Rider

AR-PROS-ORTH-AR, Prosthetic and Orthotic Devices Amendment Rider

AR-PCS-AR, Prostate Cancer Screening Amendment Rider

SERFF Tracking Number: AMCM-126319207 State: Arkansas
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Enclosed for your review and approval are the above mentioned amendment riders that will be included with all individual health insurance policies that are currently approved for use in your state.

These riders will bring our policies into compliance with HB 1930 regarding hearing aids, HB 2244 regarding Orthotics and Prosthetics, and HB 1031 regarding Prostate Cancer Screening.

Company and Contact

Filing Contact Information

Patricia Robbins, Sr. Compliance Specialist probbins@american-community.com
 39201 Seven Mile Road 734-591-4708 [Phone]
 Livonia, MI 48152 734-591-4628 [FAX]

Filing Company Information

American Community Mutual Insurance CoCode: 60305 State of Domicile: Michigan
 Company
 39201 Seven Mile Road Group Code: Company Type:
 Livonia, MI 48152 Group Name: State ID Number:
 (800) 991-2642 ext. [Phone] FEIN Number: 38-1290976

Filing Fees

Fee Required? Yes
 Fee Amount: \$60.00
 Retaliatory? No
 Fee Explanation: \$20.00 per form x 3 forms = \$60.00
 ACMIC USE ONLY acct # 6200030
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Community Mutual Insurance Company	\$60.00	10/07/2009	31109096

SERFF Tracking Number: AMCM-126319207 State: Arkansas
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Company Tracking Number: AR-HEAR Aid-PCS-PROS-ORTH
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: Ind. Riders-Prostate, Hearing Aid, Prosthetic & Orthotics
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/14/2009	10/14/2009

State: *Arkansas*

State Tracking Number: 43704

Company Tracking Number: AR-HEARAID-PCS-PROS-ORTH

*Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)*

Product Name: Ind. Riders-Prostate, Hearing Aid, Prosthetic & Orthotics

Project Name/Number: /

Disposition

Disposition Date: 10/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMCM-126319207 State: Arkansas

Filing Company: American Community Mutual Insurance State Tracking Number: 43704

Company Tracking Number: AR-HEAR Aid-PCS-PROS-ORTH

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Product Name: Ind. Riders-Prostate, Hearing Aid, Prosthetic & Orthotics

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Prostate Cancer Screening Amendment Rider	Approved-Closed	Yes
Form	Hearing Aid Amendment Rider	Approved-Closed	Yes
Form	Prosthetic & Orthotic Devices Amendment Rider	Approved-Closed	Yes

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Product Name: Ind. Riders-Prostate, Hearing Aid, Prosthetic & Orthotics

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Form Schedule

Lead Form Number: AR-PCS-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/14/2009	AR-PCS-AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Prostate Cancer Screening Amendment Rider	Initial		51.800	AR-PCS-AR.pdf
Approved-Closed 10/14/2009	AR-HEARINGAID-AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Hearing Aid Amendment Rider	Initial		40.000	AR-HEARINGAID-AR.pdf
Approved-Closed 10/14/2009	AR-PROS-ORTH-AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Prosthetic & Orthotic Devices Amendment Rider	Initial		40.000	AR-PROS-ORTH-AR.pdf

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
(Herein referred to as "We, Us, Our")
[39201 West Seven Mile Road, Livonia, Michigan 48152]

PROSTATE CANCER SCREENING AMENDMENT RIDER

This amendment rider is a part of the policy to which it is attached. It is subject to all the terms and conditions of the policy not inconsistent with it.

This amendment rider is effective on the later of the Effective Date of the policy to which it is attached or January 1, 2010.

The following changes are made to the Preventive Care Benefits in Your Policy:

The Preventive Care Covered Charge for Prostate Screening is deleted and replaced with the following:

An annual Prostate-Specific Antigen (PSA) blood test and Digital Rectal Examination for any man forty (40) years of age or older according to the National Comprehensive Cancer Network Guidelines, as in effect on January 1, 2009

Benefits are NOT subject to the Deductible or Preventive Care Maximum Benefit shown on the Schedule of the Policy to which this rider is attached.

Signed for American Community Mutual Insurance Company at Livonia, Michigan


[
President & CEO]

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
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[39201 West Seven Mile Road, Livonia, Michigan 48152]

HEARING AID AMENDMENT RIDER

This amendment rider is a part of the policy to which it is attached. It is subject to all the terms and conditions of the policy not inconsistent with it.

This amendment rider is effective on the later of the Effective Date of the policy to which it is attached or January 1, 2010.

The following changes are made to Your Policy:

1. The following Covered Charge is added:

Hearing Aids sold by a professional licensed by the state of Arkansas to dispense Hearing Aids. Coverage is limited to a maximum benefit of \$1,400 per ear for each three-year period.

Hearing Aid means an instrument or device, including repair and replacement parts, that:

1. Is designed and offered for the purpose of aiding persons with or compensating for impaired hearing;
2. Is worn in or on the body; and
3. Is generally not useful to a person in the absence of a hearing impairment.

Benefits are NOT subject to the policy's Deductible and Benefit Percentage.

2. The exclusion in the General Exclusion section of the policy regarding any artificial hearing device is deleted and replaced with the following:

Charges for any cochlear implant or surgical means of enhancing, creating or restoring hearing loss or auditory comprehension, routine hearing tests and audiograms that are not performed in connection with a Sickness or Injury, except as provided under the Medical Benefit section of this policy.

Signed for American Community Mutual Insurance Company at Livonia, Michigan


[
President & CEO]

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
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PROSTHETIC AND ORTHOTIC DEVICES AMENDMENT RIDER

This amendment rider is a part of the policy to which it is attached. It is subject to all the terms and conditions of the policy not inconsistent with it.

This amendment rider is effective on the later of the Effective Date of the policy to which it is attached or July 31, 2009.

The following changes are made to Your Policy:

1. The definition of Prosthetic is deleted.
2. The following definitions are added:

Orthotic Device means an external device that is:

1. Intended to restore physiological function or cosmesis to a patient; and
2. Custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.

Orthotic Device does not include a cane, crutch, corset, dental appliance, elastic hose, elastic support, fabric support, generic support, low-temperature elastic splint, soft cervical collar, truss, or other similar device that:

1. Is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility, or similar retail entity; and
2. Has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

Orthotic Service means the evaluation and treatment of a condition that requires the use of an Orthotic Device.

Prosthetic Device means an external device that is:

1. Intended to replace an absent external body part for the purpose of restoring physiological function or cosmesis to a patient; and
2. Custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

Prosthetic Device does not include an artificial eye, artificial ear, dental appliance, cosmetic device such as artificial eyelashes or wigs, device used exclusively for athletic purposes, artificial facial device, or other device that does not have a significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

Prosthetic Service means the evaluation and treatment of a condition that requires the use of a prosthetic device.

Functional Limit Test includes without limitation the insured's:

1. Medical history, including prior use of Orthotic Devices or Prosthetic Devices if applicable;
 2. Current medical condition, including the status of the musculoskeletal system and the nature of other medical problems; and
 3. Desire to (a) ambulate with respect to lower-limb Orthotic Devices or Prosthetic Devices; or (b) maximize upper-limb function with respect to upper-limb Orthotic Devices or Prosthetic Devices.
3. All Covered Charges regarding prosthetics is deleted.
 4. The following Covered Charge is added:

Prosthetic Devices, Prosthetic Services, Orthotic Devices and Orthotic Services that are Medically Necessary and prescribed and provided by a licensed Physician, osteopath, or podiatrist licensed in the state of Arkansas.

Covered Charges also include, but are not limited to, the maintenance, repairs or replacement of Prosthetic Devices and Orthotic Devices. Coverage for replacements is limited to once every 3 years unless determined by the Family Member's Physician to be Medically Necessary. Replacement and repair that is necessitated by anatomical change or normal use is covered. Maintenance, repairs and replacement due to misuse or loss are not covered.

Benefits are subject to the policy's Deductible and Benefit Percentage.

5. The exclusion in the General Exclusion section of the policy regarding foot care is deleted and replaced with the following:

Charges for foot care in connection with corns, calluses, toenails, flat feet, fallen arches, weak feet, or chronic foot strain; shoes, and shoe accessories, except podiatric appliances for prevention of complications associated with diabetes, as provided under the Medical Benefit section of this policy.
6. The exclusion in the General Exclusions section of the policy regarding replacement of or maintenance, repair, modification or enhancement to a prosthetic is deleted.

Signed for American Community Mutual Insurance Company at Livonia, Michigan


[Michael E. John]
President & CEO]

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Company
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/14/2009
Comments:		
Attachment:		
Readability Certification-AR-PCS-AR,AR-HEARAID,AR-PROS-ORTH.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	10/14/2009
Bypass Reason: This filing only includes amendments that will be used with previously approved policies.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	10/14/2009
Bypass Reason: There are no rate changes related to these amendments.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	10/14/2009
Bypass Reason: This is not an Individual Health Product filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	10/14/2009
Comments:		
Attachment:		

SERFF Tracking Number:	AMCM-126319207	State:	Arkansas
Filing Company:	American Community Mutual Insurance Company	State Tracking Number:	43704
Company Tracking Number:	AR-HEARAID-PCS-PROS-ORTH		
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)

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AR-PCS-AR - Statement of Variability.pdf

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
39201 Seven Mile Road, Livonia, Michigan 48152
734-591-9000 • FAX 734-591-4628
NAIC Company #60305 • NAIC Group #166

READABILITY CERTIFICATION

TO: THE ARKANSAS DEPARTMENT OF INSURANCE

DATE:

<u>Form Number</u>	<u>Description</u>
AR-PCS-AR	Prostate Cancer Screening Amendment Rider
AR-HEARINGAID-AR	Hearing Aid Amendment Rider
AR-PROS-ORTH-AR	Prosthetic and Orthotic Devices Amendment Rider

I certify that the above form meets or exceeds a score of forty (40) on the Flesch Readability Test.

Francis P. Dempsey, Senior Vice President
General Counsel & Corporate Secretary

October 7, 2009

DATE

Statement of Variability
Form #s: AR-PCS-AR, AR-HEARINGAID-AR, AR-PROS-ORTH-AR

- Our address at the top of the page is bracketed in case this information changes.
- The signature and title of our President & CEO is bracketed in case this information changes.